									Application or Docket Number •			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								09/47/964				
CCCLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL TYPE	· · · · · ·	OR	OTHER	THAN
TOTAL CLAIMS].	RATE	-FEE	יי ד	SMALL		
FOR			NULIBER FILED		NUMBER EXTRA		1	BASIC FE		 33	-	770 00
T	OTAL CHARGE	ABLE CLAIMS	10 minus 20=				·	XS 9=		1		
IN	DEPENDENT (CLAIMS (0	- minus 3.±		•			X43=	 	OR		
1.33	ULTA LE DEPE) EN3 AIM P	RESENT			:.]			┪┄──	on		
* If the difference in column 1 is less than zero, enter "0" in column 2 /						'	1145=	 	OR	+290=		
CLAIMS AS AMENDED - PART II 4/22/0								TOTAL		OB	TOTAL	220
		(Column 1) (Column 2) (Column							ENTITY	OR	OTHER SMALL	-
AMENDMENTA	A	AVENDIVENS	1	HIGH NUM PRIPATO PAID I	BER NISLY	PRESENT .		HATE	ADDI- TIONALI FEE]	RATE	ADDI- TIONAL FEE
	Total	1.46	Minus	- 4	19	. جنب .		XS 9=		OR	XS18=	
	Independent	-3	Manis		2_			X43:		OR	X6G=	
L	[Finst Phes:	ENTATION OF M	DETIFEE D	PENDENT	CLAIK.		•	- 14 <u>6</u> =		C	- 290=	
			. •	175	124	1/05	i.	TCTAL		0::	7576	
		(Column 1)		(Colum	n 2)	(Column 3)		JON FEE	L	, •	ADDIT. FEE!	·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	. 46	Minus	- H	6	2		X\$ 9=		OR.	XS18=	
	Independent	· 3	Minus	<u> 1 3</u>		3		X43=		OR	X86=	1,516
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	OH		
				2	3//.	101	1	+145=		OR	+290=	
		10-1 ·			10	100	A	DOIT, FEE		OR	ADDIT. FEE	
	\	(Column I)		(Colum	si 2)	(Column 3)	-		· · ·			· · · · · · ·
AMENDMENT C		REMAINING AFTER AMERIDMENT	· .	PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	· 76	Minus	- 4	10	-		XS 9=		OR.	X\$18=	
ALI	FIRST PRESE	NTATION OF MIL	Minus LTIPLE DE	PENDENT	3	·		X43= ·	•	OR):EG=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DOIT, FEE		OR ,	TOTAL ADDIT, FEE	
i	The Highest Num	ber Previously Paid	For (Total o	* Independen	d) is the l	highest number	loun		ofopriate box	in cot	umn 1.	
	<u> </u>		PAT	AN /A II	A DI I)V (•		• .	